

<div>TRANSMITTAL FORM</div> <div>(to be used for all correspondence after initial filing)</div>		Application Number	10/023,337
		Filing Date	December 17, 2001
		First Named Inventor	Todd J. VISION
		Group Art Unit	1634
		Examiner Name	J. A. Goldberg
Total Number of Pages in This Submission	18 pages and Exhibit 1	Attorney Docket Number	19603/4040 (CRF D-2630-01)

ENCLOSURES (check all that apply)		
<div><input type="checkbox"/> Fee Transmittal Form</div> <div><input type="checkbox"/> Fee Attached</div> <div><input checked="" type="checkbox"/> Amendment / Reply (16 pages)</div> <div><input type="checkbox"/> After Final</div> <div><input type="checkbox"/> Affidavits/declaration(s)</div> <div><input checked="" type="checkbox"/> Extension of Time Request (\$1,020)</div> <div><input type="checkbox"/> Express Abandonment Request</div> <div><input type="checkbox"/> Information Disclosure Statement (\$_____)</div> <div><input type="checkbox"/> Certified Copy of Priority Document(s)</div> <div><input type="checkbox"/> Response to Notice to File Missing Parts/ Incomplete Application (\$_____)</div> <div><input type="checkbox"/> A copy of the Notice to File Missing Parts under 37 CFR 1.52 or 1.53</div>	<div><input type="checkbox"/> Assignment Papers (for an Application)</div> <div><input type="checkbox"/> Drawing(s)</div> <div><input type="checkbox"/> Declaration and Power of Attorney</div> <div><input type="checkbox"/> Licensing-related Papers</div> <div><input type="checkbox"/> Petition (\$_____)</div> <div><input type="checkbox"/> Petition to Convert to a Provisional Application</div> <div><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address</div> <div><input type="checkbox"/> Terminal Disclaimer (\$_____)</div> <div><input type="checkbox"/> Request for Refund</div> <div><input type="checkbox"/> CD, Number of CD(s) _____</div>	<div><input type="checkbox"/> After Allowance Communication to Group</div> <div><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences</div> <div><input type="checkbox"/> Appeal Communication to Group (i.e., Notice of Appeal (\$500) and Request for Extension of Time for the Third Month (\$570))</div> <div><input type="checkbox"/> Proprietary Information</div> <div><input type="checkbox"/> Status Letter</div> <div><input type="checkbox"/> Application Data Sheet</div> <div><input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures</div> <div><input type="checkbox"/> A self-addressed, prepaid postcard for acknowledging receipt</div> <div><input type="checkbox"/> Check in the amount of _____.</div> <div><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <input checked="" type="checkbox"/> Exhibit 1 (Adessi article)</div>
Remarks		<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 14-1138 for the above identified docket number.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
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Date	May 5, 2006

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